



Minnesota Department of Labor and Industry

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APPLICATION FOR EMPLOYMENT AT LESS THAN MINIMUM WAGE Minnesota Statutes Chapter 177

All dates must be entered in mm/dd/yyyy

Firm name		Date	
Firm address		City	State ZIP code
Industry	Total employees	Number of performance limited employees	
Applicant's name	Address	City	State ZIP code
Date of birth	Age	Date to start work	Proposed wage rate
Meals furnished without charge: <input type="checkbox"/> Yes <input type="checkbox"/> No		Room furnished without charge: <input type="checkbox"/> Yes <input type="checkbox"/> No	
HOURS OF WORK Per day: Per week:		Occupation	
Describe duties in detail:			
For what period of time is subminimal-wage requested?		Number of employees of ordinary ability performing the same duties:	Rates of pay
Is the applicant under state vocational rehabilitation program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of counselor	Phone number of counselor
Is the applicant a ward of the state welfare department? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of case worker	Phone number of case worker

I certify that to the best of my knowledge and belief, all of the above statements are true and accurate.

Signature of employer	<i>The applicant is aware that the proposed wage is less than the legal minimum-wage rate because he/she has a job performance limitation.</i>
Title of employer	
Phone number of employer	Signature of applicant

(This form must be accompanied by form LI-80015-01)